

<b>Case Number:</b>	CM14-0218113		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/17/2010
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44 year old male with a date of injury as 08/17/2010. The current diagnoses include low back pain. Previous treatments were not included. Primary treating physician's reports dated 08/08/2013 and 11/14/2014, and a permanent & stationary evaluation dated 10/09/2012 were included in the documentation submitted for review. Report dated 11/14/2014 noted that the injured worker presented for follow-up on back. Physical examination revealed waxing and waning back pain. It was further documented that the injured worker would have complaints that lasted 1-2 days along with gluteal pain. Straight leg raises low back 90/90, motor 5/5, sensory was within normal limits. Treatment plan consisted of refilling Norco. There was no detailed examination provided of the the injured workers functional improvements while taking the medication. Documentation submitted supports that the injured worker has been prescribed Norco since at least 08/08/2013. The injured worker is has returned to full duty. The utilization review performed on 11/26/2014 non-certified a prescription for hydrocodone/APAP based on lack of symptomatic and functional improvement. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Hydrocodone/APAP 5/325mg, QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone/APAP 5/325 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured workers working diagnosis is low back pain. There is a single progress note dated November 14, 2014 in the medical record five pages in its entirety. Subjectively, you work represents for back pain. Motor strength is 5/5, sensory is within normal limits and gait is normal. Reportedly, the injured worker still doing concrete work and is taking Norco 5/325 mg #60 twice a day as needed for pain. The documentation is unclear as to the length of time the injured worker has been taking Norco. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There are no urine drug screens in the medical record. Documentation does not contain any evidence of objective functional improvement as it relates to Norco. Consequently, absent clinical documentation with evidence of objective functional improvement, hydrocodone/APAP 5/325 mg #60 is not medically necessary.